

WASHINGTON, DC INTERNSHIP  
APPLICATION

Name: \_\_\_\_\_

Local Address and Phone: \_\_\_\_\_

\_\_\_\_\_

Permanent Address and Phone: \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

College/University: \_\_\_\_\_ YR: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ GPA: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

\_\_\_\_\_

Organization or Club Memberships and Offices Held: \_\_\_\_\_

\_\_\_\_\_

Employment/Volunteer Work and Types of Tasks Performed: \_\_\_\_\_

\_\_\_\_\_

Brief Explanation of Why You Wish to Serve as an Intern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Session: Spring \_\_\_\_\_ Fall \_\_\_\_\_ Summer \_\_\_\_\_

You are free to attach any additional information you feel might be helpful, such as biographies or resumes, in the evaluation of this application.

Please send to: Senator John McCain  
United States Senate  
Washington, DC 20510  
Attn: Heidi Karpen